

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Velimir Pletikosa
Title	Mobile Device Having a Protective
Group Art Unit	
Examiner Name	
Attorney Docket Number	5552550122 293

I hereby appoint:

☐ Practitioners at Customer Number
OR

☒ Practitioner(s) named below:

Name	Registration Number
Krishna K. Pathiyal, Esq.	44435
Please see attached sheet	

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here

<input checked="" type="checkbox"/> Firm or Individual Name	David B. Cochran, Esq.				
Address	Jones, Day, Reavis & Pogue				
Address	North Point, 901 Lakeside Avenue				
City	Cleveland	State	Ohio	Zip	44114
Country	USA				
Telephone	(216) 586-7029	Fax	(216) 579-0212		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mihal Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited
Signature	
Date	25 OCT 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted. (Power of Attorney & Supplemental List of Agents)

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

555255012293

MOBILE DEVICE HAVING A PROTECTIVE USER INTERFACE COVER

* SUPPLEMENTAL PAGE LISTING ADDITIONAL AGENTS OF RECORD

ADAMO, Kenneth R., Reg. No. 27,299
ARNDT, Barbara E., Reg. No. 37,768
BIERNACKI, John V., Reg. No. 40,511
COCHRAN, David B., Reg. No. 39,142
COOPER, Lorri W., Reg. No. 40,038
FAY, Regan J., Reg. No. 26,878
FEELING, F. Drexel, Reg. No. 40,602
GRIFFITH, Calvin P., Reg. No. 34,831
HAINES, Warren M. II, Reg. No. 40,632
MAIORANA, David M., Reg. No. 41,449
McCLINTIC, Shawn A., Reg. No. 45,856
O'HEARN, Timothy J., Reg. No. 31,552
ROSE, Mitchell, Reg. No. 47,906
SAUER, Joseph M., Reg. No. 47,919
SCANLON, Stephen D., Reg. No. 32,755
SHEAFFER, Jenny F., Reg. No. 45,099
SWITZER, H. Duane, Reg. No. 22,431
VARY, Michael W., Reg. No. 30,811
WAMSLEY, III, James L., Reg. No. 31,578

all of JONES, DAY, REAVIS & POGUE

North Point
901 Lakeside Avenue
Cleveland, Ohio 44114
US

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 555255012293

First Named Inventor Velimir Pletikosa

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MOBILE DEVICE HAVING A PROTECTIVE USER INTERFACE COVER

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number OR ☒ Correspondence address below
or Bar Code Label

David B. Cochran, Esq.

Name

Jones, Day, Reavis & Pogue

Address North Point, 901 Lakeside Avenue

City Cleveland

State Ohio

ZIP 44114-1190

Country USA

Telephone (216) 586-7029

Fax (216) 579-0212

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name Velimir
(first and middle [if any])Family Name Pletikosa
or SurnameInventor's
SignatureDate OCT 23RD 2001

Residence: City Kitchener

State Ontario

Country Canada

Citizenship Canadian

Mailing Address 295 Phillip Street

City Waterloo

State Ontario

ZIP N2L 3W8

Country Canada

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.